

DOCKET NO: LZ-85

DECLARATION AND POWER OF ATTORNEY  
FOR PATENT APPLICATION

As the below named inventors, We hereby declare that:

Our residence, post office address and citizenship are as stated below next to our names.

We believe we are the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**WOUND DRESSING PRODUCT WITH REMOVAL AID AND  
A METHOD OF MANUFACTURING SAME**

the specification of which (check one)

☒ is attached hereto.

☐ was filed on \_\_\_\_\_ Serial No. \_\_\_\_\_  
and was amended on \_\_\_\_\_ (if applicable)

We hereby state that we have reviewed and understand the contents of the above-identified specification, including the claims.

We acknowledge the duty to disclose information which is material to patentability of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56(a).

We hereby claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for the patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Applications:

German Patent Appli. No. 103 12 452.7 (March 20, 2003)

---

We hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, We acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the filing date of the continuation-in-part application, if this is a continuation-in-part application.

\_\_\_\_\_  
(Application  
Serial No.)

\_\_\_\_\_  
(Filing Date)

\_\_\_\_\_  
(Status/ patented,  
pending, abandoned)

\_\_\_\_\_  
(Application  
Serial No.)

\_\_\_\_\_  
(Filing Date)

\_\_\_\_\_  
(Status/ patented,  
pending, abandoned)

\_\_\_\_\_  
(Application  
Serial No.)

\_\_\_\_\_  
(Filing Date)

\_\_\_\_\_  
(Status/ patented,  
pending, abandoned)

We hereby declare that all statements made herein of our own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

FRIEDRICH KUEFFNER; Reg. No. 29,482.

Address all telephone calls to Friedrich Kueffner at telephone No. (212) 986-3114.

Address all correspondence to:

Friedrich Kueffner  
317 Madison Avenue, Suite 910  
New York, New York 10017

---

Full Name of First Inventor: **Sascha Albus**

Inventor's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Residence: **Melsbach, Germany**

Citizenship: **German**

Post Office Address: **Mittelstr. 18,  
56581 Melsbach, Germany**

---

---

---

Full Name of Second Inventor: **Joachim Thewalt**

Inventor's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Residence: **Melsbach, Germany**

Citizenship: **German**

Post Office Address: **Zollweg 6,  
56581 Melsbach, Germany**

---

---

Full Name of Third Inventor: **Heike Grothaus**

Inventor's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Residence: **Kurtscheid, Germany**

Citizenship: **German**

Post Office Address: **Mühlenweg 10,  
56581 Kurtscheid, Germany**

---

---

---

---

Full Name of Fourth Inventor: **Martin Kaiser**

Inventor's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Residence: **Neuwied, Germany**

Citizenship: **German**

Post Office Address: **Feldkircher Str. 32,  
56567 Neuwied, Germany**

---

---

Full Name of Fifth Inventor: **Andreas Hahn**

Inventor's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Residence: **Neuwied, Germany**

Citizenship: **German**

Post Office Address: **Haydnstr. 1,  
56566 Neuwied, Germany**

---

---

---

Full Name of Sixth Inventor: **Gabriel Slupik**

Inventor's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Residence: **Woldert, Germany**

Citizenship: **German**

Post Office Address: **In der Steubach 13,  
57614 Woldert, Germany**

---